



Entry Form

Title of Video: _____

School Name: _____ School District: _____

School Address: _____

Names of students participating in video production:

Names of students appearing in video (*attach release form for each identifiable student*):

Faculty Adviser: _____ Phone number: _____

School Principal
or Designee: _____ Signature: _____

Date: _____



Entries must be received or postmarked by 5 p.m., October 19, 2009. Send entries to:

Gary Larson
Higher Education Coordinating Board
P.O. Box 43430
917 Lakeridge Way SW
Olympia, WA 98504-3430